

MAR 10 2005

Section 3

HemosIL D-Dimer

510(k) Summary (Summary of Safety and Effectiveness)

K050278

Applicant Contact Information:

Applicant: Instrumentation Laboratory Co.
 Address: 113 Hartwell Avenue
 Lexington, MA 02421

Contact Person: Carol Marble, Regulatory Affairs Director
 Phone Number: 781-861-4467
 Fax Number: 781-861-4207

Preparation Date: February 4, 2005

Device Trade Name:

HemosIL D-Dimer

Regulatory Information:

Classification Name: Fibrinogen and Fibrin Split Products, Antigen, Antiserum, Control
 Device Class: Class II
 Regulation No.: 864.7320
 Product Code: DAP
 Panel: Hematology

Predicate Device:

HemosIL D-Dimer K972696

Device Indications for Use/Description:

HemosIL D-Dimer is an automated latex enhanced immunoassay for the quantitative determination of D-Dimer in human citrated plasma on IL Coagulation Systems as an aid in the diagnosis of venous thromboembolism (VTE) [deep venous thrombosis (DVT) and pulmonary embolism (PE)].

The D-Dimer Latex Reagent is a suspension of latex particles coated with a monoclonal antibody specific for the D-Dimer domain included in fibrin soluble derivatives. When plasma containing D-Dimer is mixed with the D-Dimer Latex Reagent and Reaction Buffer, the coated latex particles agglutinate. The degree of agglutination is directly proportional to the concentration of D-Dimer in the sample and is determined by measuring the decrease of the transmitted light caused by the aggregates (turbidimetric immunoassay).

Technological Characteristic Summary:

HemosIL D-Dimer is identical to the predicate device except for the clarification to its indications for use and the introduction of additional performance data in the product labeling.

Performance Data Summary:

Instrument	N	Cut-off	% Sensitivity (95% CI)	% Specificity (95% CI)	% NPV
ACL 9000	297	230 ng/mL	100% (95.2% – 100%)	38% (31.4% – 44.6%)	100% (95.7% – 100%)
ACL TOP	294	230 ng/mL	100% (95.1% – 100%)	36% (29.6% – 42.6%)	100% (95.4% – 100%)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Ms. Carol Marble
Regulatory Affairs Director
Instrumentation Laboratory Company
113 Hartwell Avenue
Lexington, Massachusetts 02421

MAR 10 2005

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

Re: k050278
Trade/Device Name: HemosIL D-Dimer
Regulation Number: 21 CFR § 864.7320
Regulation Name: Fibrinogen/Fibrin Degradation Product Assay
Regulatory Class: II
Product Code: DAP
Dated: February 4, 2005
Received: February 7, 2005

Dear Ms. Marble:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

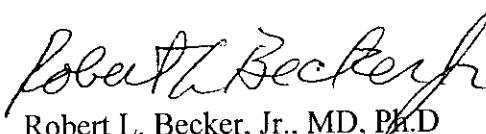
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

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If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (240) 276-0484. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address
<http://www.fda.gov/cdrh/industry/support/index.html>

Sincerely yours,



Robert L. Becker, Jr., MD, Ph.D
Director
Division of Immunology and Hematology
Office of *In Vitro* Diagnostic Device
Evaluation and Safety
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K050278

Device Name: HemosIL D-Dimer

Indications for Use:

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For *in vitro* diagnostic use.

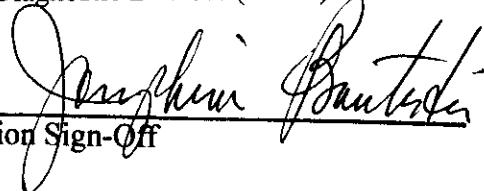
Prescription Use ✓
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)


Division Sign-Off

Office of In Vitro Diagnostic Device
Evaluation and Safety

510(k) K050278